

# EXHIBIT D

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

IN RE: '318 PATENT  
INFRINGEMENT LITIGATION

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) C.A. No. 05-356-KAJ  
) (consolidated)  
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**OPENING EXPERT REPORT OF DR. JOSEPH T. COYLE**

**I. ACADEMIC AND PROFESSIONAL QUALIFICATIONS**

1. Currently, I am the Eben S. Draper Professor of Psychiatry and Neuroscience at Harvard Medical School. For 10 years, I served as Chair of the Consolidated Department of Psychiatry at Harvard.

2. My expertise is in the area of neuropsychopharmacology, which is concerned with the biological basis for disorders of the brain and their pharmacologic treatment. My research focused on Alzheimer's Disease throughout the 1980's and early 1990's. In the late 1980's I performed original research concerning the impact of galantamine, a cholinesterase inhibitor, on the working memory of mice with lesions in the nucleus basalis of Meynert that partially mimicked the effects of Alzheimer's Disease. Later, I was involved in clinical studies concerning the impact of galantamine on the cognitive function and activities of daily living of patients living with Alzheimer's Disease.

**A. Educational and Professional Background**

3. I received my A.B. from the College of the Holy Cross in 1965 and my M.D. degree from The Johns Hopkins University School of Medicine in 1969. I completed an internship in pediatrics and a residency in psychiatry, both at Johns Hopkins. I also completed

two research fellowships, one at the National Institute of Mental Health, and one in neurobiology at the Marine Biological Laboratory.

4. I am licensed to practice medicine in Massachusetts and Maryland (inactive). I am also a certified member of the National Board of Medical Examiners and am board certified in Psychiatry by the American Board of Psychiatry and Neurology.

5. I have been associated with Harvard Medical School since 1991, and since that time I have been in my current position as Professor of Psychiatry and Neuroscience. From 1991 to 2001, I served as the Chair of the Consolidated Department of Psychiatry, which included the nine hospital programs of psychiatry affiliated with Harvard Medical School. Before coming to Harvard in 1991, I held several positions at The Johns Hopkins University School of Medicine, including Assistant Professor of Pharmacology from 1974 to 1976; Assistant Professor of Pharmacology and Psychiatry from 1976 to 1978; Associate Professor of Pharmacology and Psychiatry from 1978 to 1980; Professor of Neuroscience, Psychiatry and Pharmacology from 1980 to 1991; Director of the Division of Child Psychiatry from 1982 to 1991; and Distinguished Service Professor of Child Psychiatry from 1985 to 1991.

6. Throughout my career, I have served on the editorial boards of a variety of academic journals and served on a number of advisory boards. In particular, I have served as Editor-in-Chief of the Harvard Review of Psychiatry and the Archives of General Psychiatry. I have also served on the editorial boards of the Journal of Developmental and Behavioral Pediatrics, Developmental Brain Research, Neuropharmacology, the European Journal of Pharmacology, and the Journal of Neuroscience. I have had editorial responsibilities in connection with other journals, including Molecular Psychiatry, Molecular and Chemical Neuropathology, Synapse, Archives of General Psychiatry, the Journal of Neuroscience

Research, Neuropsychopharmacology, Neurobiology of Disease, Cerebral Cortex, Neuroscience, the Journal of Psychiatric Research, and the Journal of the American Medical Association, among others.

7. I have also consulted for a number of pharmaceutical companies on the development of Central Nervous System (CNS) drugs, including: Abbott Laboratories, Bristol Myers Squibb, Cephalon, Janssen, and Prestwick. I was also a consultant for Dr. Bonnie Davis (through her company Synaptech) in connection with galantamine and its analogs.

8. I have authored 7 textbooks, 363 articles, and 154 reviews and chapters. I have also supervised the theses of 14 doctoral candidates and have supervised the work of 25 post-doctoral fellows.

9. I have also been a member or fellow of and served in leadership positions in a number of professional organizations. In particular, I have held leadership roles in the Society of Neuroscience since 1980, and the American College of Neuropsychopharmacology since 1989. I am also involved with the American Society of Neurochemistry, the American Psychiatric Association, and the Alzheimer's Disease and Related Disorders Association.

10. My *curriculum vitae*, which describes the above information in greater detail, is attached as Exhibit A.

**B. Prior Testimony**

11. I have not testified in connection with any matter, other than this one, in the last four years.

**C. Compensation**

12. For my work in connection with this matter, I am being compensated at my usual rate of \$350 per hour. My compensation is not linked in any way to the outcome of this litigation.

## **II. SCOPE AND REVIEW**

13. I was asked to review the assertions of invalidity raised by the defendants in this case and to provide an opinion as to validity of the '318 patent in my capacity as an expert in neuropharmacology.

14. I was informed about objective considerations of non-obviousness and was asked to provide in this report my opinion about whether certain objective considerations of non-obviousness – specifically, unexpected benefits of galantamine and skepticism of others skilled in the art – support the validity of the '318 patent.

15. In reviewing the defendants' assertions and forming the opinions stated in my report, I relied upon my experience, my knowledge of the relevant literature and state of the art, and also reviewed the materials set forth in Exhibit B.

## **III. BACKGROUND**

### **A. The '318 Patent**

16. I understand that the application for the '318 Patent was filed in the U.S. Patent and Trademark Office on January 15, 1986, and I have been asked to comment on the state of the art as of that date.

17. In terms of the patent claims, I understand that only two claims of the '318 patent are at issue in this litigation, claims 1 and 4, and that the defendants have stipulated to the infringement those two claims.

18. Claim 1 of the patent claims: "A method of treating Alzheimer's disease and related dementias which comprises administering to a patient suffering from such a disease a therapeutically effective amount of galanthamine or a pharmaceutically-acceptable acid addition salt thereof."

19. Claim 4 of the patent claims: "A method according to claim 1, wherein said administration is oral and is in the range 10-2000 mg per day."

20. As a general matter, I understand the claims of the '318 patent to be directed to the treatment of Alzheimer's Disease, whether pre-senile or Senile Dementia of the Alzheimer's Type, using therapeutic doses of galantamine or its pharmacologically acceptable salts, including galantamine hydrobromide. By treatment, I include alleviation of the symptoms of Alzheimer's Disease, particularly the cognitive loss that is the central feature of the disease.

**B. Alzheimer's Disease**

21. Alzheimer's Disease is a progressive, degenerative disease of the brain that destroys memory, the ability to learn, reason, make judgments, communicate, and engage in activities of daily living. As the disease progresses, it is also characterized by neuropsychiatric symptoms, i.e., changes in personality and behavior, including apathy, anxiety, and hallucinations.

22. The ultimate cause of the disease remains obscure. However, it is characterized by two particular pathologic features: "plaques" and "tangles." The consequence of these plaques and tangles is disruption of neurotransmitter systems in the brain, compromised cell function, and ultimately cell death.

23. Alzheimer's Disease is associated with a range of neurotransmitter deficiencies, including norepinephrine, serotonin, somatostatin, vasopressin, and  $\beta$ -endorphin. The impact on the cholinergic system is a decrease in activity in choline acetyltransferase, the enzyme that synthesizes the neurotransmitter acetylcholine, in patients with Alzheimer's Disease. Acetylcholine is crucial in the formation and retention of memory.

**C. Secondary Considerations of Non-Obviousness**

24. I understand that the validity of a patent can be established by objective or “secondary” considerations of the non-obviousness of the invention.

25. I also understand that one of these secondary considerations is the unexpected benefits of the drug – benefits of the invention that were not expected or known at the time the patent was filed, or in this case, January 15, 1986, by those skilled in the relevant art.

26. Another of these secondary considerations is skepticism expressed by those skilled in the art concerning the usefulness of the patented invention.

27. I have undertaken an analysis therefore of the results and benefits of the use of galantamine in the treatment of Alzheimer’s Disease that were not expected or known to those skilled in the art as of January 15, 1986.

28. I have also performed a survey of the skepticism expressed by those skilled in the art concerning the usefulness of galantamine as a treatment for Alzheimer’s Disease.

**IV. SKEPTICISM OF THOSE SKILLED IN THE ART**

**A. Historical Understanding of Alzheimer’s Disease**

29. It was not until late 1960s that “senility” in the elderly was recognized as the result of a disorder – Senile Dementia of the Alzheimer’s Type (SDAT) – that shared the same pathological stigmata (senile plaques and neurofibrillary tangles) of a rare disorder known as presenile dementia of the Alzheimer’s type.

30. Through the 1970s, it became increasingly apparent that this disorder was a main cause of dementia and death in the elderly population of the country, including perhaps 50% of those over 85.

31. At that time, many were pessimistic that this disorder would respond to any pharmacologic treatment because of the widespread pathology in the neo-cortex in the brain. Some experts even called Alzheimer's Disease "brain failure," analogous to heart failure following severe cardiac damage.

32. In the mid 1970s, there were reports that choline acetyltransferase (CAT) – the neurochemical marker for cholinergic neurons – was reduced and that this reduction might be selective in Alzheimer's patients. CAT is the enzyme that is made in the cell body of pre-synaptic cholinergic neurons and is transported along the axon to the nerve terminal, where it functions to produce acetylcholine.

33. The organization of the cholinergic neurons and their function in the cerebral cortex was poorly understood at the time. My laboratory demonstrated that the cell bodies of the cholinergic neurons innervating the cerebral cortex resided in a region of the brainstem called the nucleus basalis of Meynert. Lesion of this region in rats and mice caused a selective reduction of cholinergic markers in the cortex similar to what was reported in Alzheimer's Disease. Subsequent studies showed that this lesion impaired recent or working memory, which is analogous to the cognitive impairments that are observed in early Alzheimer's Disease. However, it was also recognized that this lesion did not create in the rodent brain the senile plaques and neurofibrillary tangles thought to be central to Alzheimer's Disease.

34. Furthermore, these cognitive impairments in experimental animals could be reversed through enhancement of cholinergic function. These observations led to formulation of a hypothesis – the "cholinergic deficit hypothesis" – by a few neuropharmacologists in the early 1980s. This hypothesis posited that selective degeneration of cholinergic neurons in the basal forebrain (that is, the nucleus basalis of Meynert) and the resulting cholinergic deficits



might account for the cognitive impairments observed in Alzheimer's Disease and therefore might be a target for developing treatments for those cognitive impairments.

35. At the time, those neuropharmacologists were encouraged in this thinking by the then recent success of the use of l-dopa to correct the dopamine deficits associated with the selective degeneration of nigro-striatal dopaminergic neurons in Parkinson's disease. L-dopa is the chemical precursor for dopamine.

36. However, the "cholinergic deficit hypothesis" was progressively undermined by the demonstration that Alzheimer's Disease affected a number of important neurotransmitter systems, both innervating the cortex (like the noradrenergic neurons) or contained within the cortex (like somatostatin neurons).

37. Moreover, the failure of acetylcholine precursor therapy showed that the cognitive decline in Alzheimer's Disease was not susceptible to simple pharmacologic manipulation of the cholinergic system, unlike Parkinson's disease.

#### **B. Skepticism Regarding Cholinergic Enhancement**

38. In light of this background, there was considerable skepticism among neuropsychopharmacologists about the possibility of treating the cognitive decline in Alzheimer's Disease with a pharmacologic intervention to enhance cholinergic function. Clinicians, to the degree they were aware of this at all, were skeptical that the cognitive decline of Alzheimer's Disease was susceptible to pharmacologic treatment of any kind.

39. This skepticism was based on the facts that the lesions in the rodent brain did not replicate Alzheimer's Disease, that the disease affected many different neurotransmitter systems, and that acetylcholine precursor therapy failed, as described above.

40. As a result, many in the field elected to pursue an approach directed to brain metabolism or perfusion, such as the nootropic drugs. "Nootropic" means acting upon the

brain, and the nootropics were a class of compounds that were believed to affect brain functioning through unknown mechanisms. The leading nootropic was piracetam, a GABA relative, though a number of derivatives, including pramiracetam, aniracetam, and oxiracetam, were also tried. While the class appeared to facilitate learning and memory in animal studies, clinical trials failed to show cognitive improvement in Alzheimer's patients. Despite considerable research efforts, FDA has never approved a nootropic for treatment of Alzheimer's Disease.

### **C. Skepticism Regarding Cholinesterase Inhibitors**

41. There was also, at the time, considerable skepticism of cholinesterase inhibitors as potential treatments for the cognitive decline in Alzheimer's Disease. This skepticism stemmed in part from the same factors that led to the skepticism regarding attempts to treat Alzheimer's Disease more generally through cholinergic enhancement, described above. However, there were also additional factors, specific to the class of cholinesterase inhibitors itself, that produced further skepticism concerning the potential for a cholinesterase inhibitor to serve as a treatment for Alzheimer's Disease.

42. First, there was the logical criticism that inhibiting cholinesterase degradation of acetylcholine released into the synapse would have little impact on overall cortical cholinergic neurotransmission, since the pathology of Alzheimer's Disease involves pronounced deterioration of pre-synaptic cholinergic neurons and hence substantial reduction of acetylcholine release at the synapse. In other words, the therapeutic effects of cholinesterase inhibition in treating Alzheimer's Disease depend upon the functioning of pre-synaptic cholinergic neurons, and leading to the concern that the degradation of pre-synaptic cholinergic neurons in Alzheimer's patients is too great to allow acetylcholinesterase inhibition to affect acetylcholine levels in a meaningful way.

43. This concern led to a preference for a direct agonist approach, or an approach using agents that bind to and activate receptors in the brain – as opposed to an approach that inhibits further degradation of acetylcholine. For example, Raymond Bartus, a highly regarded neuropsychopharmacologist whose responsibility at Lederle Laboratories was to find pharmacologic treatments, published a review (along with several coauthors) expressing skepticism of a cholinesterase approach and advocating muscarinic agonists as the most promising avenue for cholinergic therapy. Bartus, R., *et al.*, “The Cholinergic Hypothesis: A Historical Overview, Current Perspective, and Future Directions,” in *Memory Dysfunctions: An Integration of Animal and Human Research from Preclinical and Clinical Perspectives, Annals of the New York Academy of Sciences* 1985; 444: 332-58:

Recent reports that degeneration of cholinergic forebrain nuclei may account for the loss of CAT activity in Alzheimer’s patients provides additional impetus for studies with cholinergic agonists. That is, if one assumes this degeneration plays a major role in the cognitive symptoms of the disease, then the most effective means available to treat the deficit would be to compensate for the loss of cholinergic input to the cortex and hippocampus by stimulating the surviving postsynaptic cholinergic receptors. (page 342)

44. Similarly, in the mid to late 1980s, a number of the leading researchers in Alzheimer’s Disease – including Dr. Pierre Tariot of the University of Rochester, Dr. Robert Cohen of the National Institute of Mental Health, and Dr. Paul Newhouse of the Walter Reed Army Institute of Research – collaborated on a study of arecoline, a muscarinic agonist. As they explained in a 1988 publication, their work was motivated by skepticism of the prospects for a cholinesterase approach and the “theoretical advantage of the use of direct cholinergic agonists”:

Studies of the intravenous and oral use of physostigmine, a short-acting cholinesterase inhibitor, have demonstrated only limited improvement of cognitive function and clinical condition of some patients with dementia of the Alzheimer type (DAT). There are conflicting results about the clinical and cognitive effects of a different cholinesterase inhibitor, tetrahydroaminoacridine. [¶]

The use of postsynaptic cholinergic agonists is a strategy of particular interest in Alzheimer's disease in view of the apparent deterioration in presynaptic cholinergic receptors combined with stability of postsynaptic receptors. (Tariot, P. N., *et al.*, "Multiple-Dose Arecoline Infusions in Alzheimer's Disease," *Arch. Gen. Psychiatry* 1988; 45:901-05.)

45. Examples of muscarinic agonists that have been pursued as possible treatments for Alzheimer's Disease include arecoline and xanomeline, the latter taken through large-scale clinical trials by Eli Lilly. Despite over twenty years of efforts, no muscarinic agonist has yet succeeded as a treatment for Alzheimer's Disease.

46. Second, there was considerable concern regarding lack of specificity in the mechanism of action. Aside from the cholinergic neurons located in the basal forebrain that participate in memory and attention processes, cholinergic neurons are involved in a broad array of vital functions both in the brain and the periphery. For example, cholinergic neurons are involved with the parasympathetic neurons that regulate gastrointestinal and cardiac function, as well as the motor neurons that control movement of our voluntary muscles. These systems are therefore all affected by acetylcholinesterase inhibitors.

47. Indeed, these systems are the target of biological weapons and insecticides. Therefore, there was considerable concern that a general inhibition of acetylcholinesterase on a chronic basis would be accompanied by unacceptable side effects and perhaps even death. Dr. R.J. Wurtman, for example, a highly distinguished neuropharmacologist at MIT, warned in the mid-1980s that "a drug that inhibits acetylcholinesterases everywhere, as physostigmine apparently does, and thus enhanced cholinergic transmission everywhere, would have too many side effects to be used clinically." (Wurtman, R.J., "Activation of Neurotransmitters in the Brain: Strategies in the Treatment of AD/SDAT," in C.G. Gottfries, ed.,

*Normal Aging, Alzheimer's Disease and Senile Dementia: Aspects on Etiology, Pathogenesis, Diagnosis and Treatment* 275-80 (Editions de l'Universite de Bruxelles: 1985)).

48. Third, there was a concern that an acetylcholinesterase inhibitor would reduce the synaptic levels of choline selectively at the cholinergic nerve terminal, causing cholinergic neurons to cannibalize their membranes to synthesize acetylcholine. Thus, there was a fear that use of a cholinesterase inhibitor would actually exacerbate the vulnerability of cholinergic neurons in Alzheimer's Disease to degeneration (Wurtman, 1985)).

49. In the view of many, the clinical studies done as of January 1986 on acetylcholinesterase inhibitors reinforced this skepticism, because those studies showed at best marginal and inconsistent results (e.g., Tariot, *et al.*, and Bartus, R.T., *et al.*, above). Bartus, *et al.*, for example, compared the testing to date on cholinesterase and agonist approaches and found in favor of an agonist approach: "When the direct agonist arecoline was tested in aged monkeys, not only was significant improvement obtained in a delayed recall task, but the dose response effects were also more consistent from monkey to monkey, as compared to physostigmine. Similar results have also been reported with Alzheimer's patients." (page 342)

## V. UNEXPECTED BENEFITS OF GALANTAMINE

50. In the mid to late 1990s, it was discovered that galantamine has the additional effect on cholinergic neurotransmission, aside from inhibiting acetylcholinesterase, of being an allosteric modulator of nicotinic acetylcholine receptors.

51. Acetylcholine activates two types of receptors, the muscarinic receptors and the nicotinic receptors. The muscarinic receptors affect cellular metabolism through G-proteins. Activation of muscarinic receptors in the brain is associated with working memory; in the body, those receptors are also associated with heart rate, vasoconstriction, and gut motility, among other functions.

52. Nicotinic receptors in the cortex have also been associated with working memory. In contrast, however, nicotinic receptors in the brain are coupled to a cation channel, so that activation results in depolarization (i.e., excitation) of the post-synaptic neuron. In addition, activation of nicotinic receptors, through excitation of the neuron, enhances the release of other neurotransmitters, such as norepinephrine and glutamic acid. In the body, nicotinic receptors mediate the action of acetylcholine released by motor neurons in controlling voluntary muscle activity.

53. Acetylcholinesterase inhibition affects muscarinic and nicotinic receptors indirectly, by slowing the degradation of acetylcholine released at the synapse. The released acetylcholine activates either receptor.

54. An allosteric modulator is an agent that acts at a site distinct and separate from the site at which the endogenous neurotransmitter binds to and activates the receptor. The effect of the allosteric modulator is to alter the response of the receptor to its endogenous agonist without itself directly activating the receptor.

55. The pharmacologic advantage of an allosteric modulator is that it can increase the response of the receptor to its endogenous neurotransmitter at lower concentrations of that neurotransmitter without activating the receptor when the neurotransmitter is absent. The consequence is to preserve the temporal nature of the synaptic firing while compensating for the reduced release of neurotransmitter from damaged or impaired nerve terminals.

56. In essence, an allosteric modulator combines many of the advantages of a cholinesterase inhibitor – namely, preservation of the phasic quality of synaptic firing (indeed, better than acetylcholinesterase inhibitor, because the allosteric modulator does not prolong the

duration of action of the released acetylcholine) – with those of an agonist – namely, compensation for reduction in the levels of endogenous neurotransmitters.

57. In the mid 1990s, Edson Albuquerque and Alfred Maelicke demonstrated that galantamine was a positive allosteric modulator of nicotinic receptors. They further identified the site on the nicotinic receptor molecule at which the galantamine molecule binds and acts, and they showed that this activity was not shared with the other acetylcholinesterase inhibitors that are now approved – namely, tacrine, donepezil, and rivastigmine. These effects of galantamine were shown to occur at concentrations associated with therapeutic use of the drug that enhanced nicotinic receptor response by 40-50%.

58. Several laboratories have confirmed the role of galantamine as a positive allosteric modulator of nicotinic receptors under different experimental conditions, including in live animal testing, and this role of galantamine is now generally accepted in the scientific literature (e.g., Schrattenholz, A., *et al.*, “Agonist Responses of Neuronal Nicotinic Receptors Are Potentiated by a Novel Class of Allosterically Acting Ligands,” *Molecular Pharmacology* 49:1-6 (1996); Maelicke A., *et al.*, “Allosterically Potentiating Ligands of Nicotinic Receptors as a Treatment Strategy for Alzheimer’s Disease,” *Behavioral Brain Research* 113:199-206 (2000); Woodruff-Pak, D.S., *et al.*, “Mecamylamine Interactions with Galantamine and Donepezil: Effects on Learning, Acetylcholinesterase, and Nicotinic Acetylcholine Receptors,” *Neuroscience* 117:439-447 (2003)).

59. The clinical consequences of the dual mechanism of action remain unsettled. However, some reasonable inferences can be drawn from the existing information. Galantamine is a less potent inhibitor of acetylcholinesterase than the other approved acetylcholinesterase inhibitors (and does not inhibit butyrylcholinesterase to any meaningful



degree). In addition, recent studies have shown that the level of cholinesterase inhibition achieved by galantamine at therapeutic doses is substantially below the levels of inhibition achieved by therapeutic doses of the other approved cholinesterase inhibitors. A recent study by Geerts, *et al.*, for example, concluded that levels of acute brain cholinesterase inhibition by therapeutic doses of galantamine are three to four times less than the levels achieved by therapeutic doses of donepezil (Geerts, H., *et al.*, “Brain Levels and Acetylcholinesterase Inhibition With Galantamine and Donepezil in Rats, Mice, and Rabbits,” in *Brain Research* 1033:186-193 (2005), at 191). This led the authors to conclude, reasonably, in my view, that “in order to account for the same observed behavioral effects, an additional mechanism of action [for galantamine] is needed to explain this equivalent behavior.” The logical conclusion, in light of present evidence, is that galantamine’s other mechanism of action – namely, its positive allosteric modulation of nicotinic receptors – is contributing to its clinical effect on cognition in Alzheimer’s Disease.

60. Also supportive of the clinical significance of this second mechanism of action is a recent head-to-head trial of galantamine and donepezil that observed that galantamine had a greater effect on aspects of cognition related to stimulation of neuronal nicotinic receptors. As the authors observed, “[i]n both the MMSE and ADAS-Cog/11 item analyses, larger between-group differences were observed in items associated with attention and executive function than in other items. These observations support the hypothesis that the allosteric modulation of neuronal nicotinic receptors by galantamine effectively enhances attention and executive function.” Wilcock, G., *et al.*, “A Long-Term Comparison of Galantamine and Donepezil in the Treatment of Alzheimer’s Disease,” *Drugs Aging* 20:777-789 (2003).



61. In addition to its effects on cognition, galantamine has been shown to reduce the emergence of some of the neuropsychiatric symptoms associated with Alzheimer's Disease, such as agitation and lethargy. This may reflect the pre-synaptic activation by nicotinic receptors on the release of norepinephrine and gamma-aminobutyric acid (GABA) that have been linked to the etiology of these neuropsychiatric symptoms.

62. A recent study has also observed that galantamine appears to reduce the sleep disruption and insomnia in Alzheimer's Disease patients and to perform better in this regard than donepezil. It is not clear why galantamine works in this way, since the relationship between the cholinergic system and sleep patterns is not well understood (Ancoli-Israel, S., *et al.* "Effects of Galantamine Versus Donepezil on Sleep in Patients With Mild to Moderate Alzheimer Disease and Their Caregivers: A Double-Blind, Head-to-Head, Randomized Pilot Study," *Alzheimer Disease & Associated Disorders* 19:240-245 (Oct.-Dec. 2005)). One possible explanation is that galantamine has a shorter effective half-life than donepezil, and as a consequence, the levels of cholinesterase inhibition (and allosteric modulation) for a patient on galantamine are substantially reduced, as compared to a patient on donepezil. Whether this is the correct explanation or not, it is clear that benefits to an Alzheimer's patient's sleep were not expected from administration of a cholinesterase inhibitor in January 1986.

63. Another area of possible unexpected benefit is in disease progression. Preclinical studies within the last 10 years indicate that activation of nicotinic receptors can alter the processing of amyloid precursor protein (APP) to amyloid. Most neuropsychopharmacologists and clinicians focused on Alzheimer's Disease research now agree that this is the proximate cause of neurodegeneration in Alzheimer's Disease. Furthermore, pre-

clinical and epidemiologic studies suggest that activation of nicotinic receptors can have trophic or neuroprotective effects on neurons.

64. All of the approved acetylcholinesterase inhibitors will, to some degree, promote nicotinic receptor activity in the cortex. However, galantamine, with its positive allosteric modulation of nicotinic receptors, would be expected to promote nicotinic receptor activity to a relatively greater degree than those that simply act as cholinesterase inhibitors.

65. As a result, galantamine may turn out to provide not only symptomatic treatment for the cognitive decline in Alzheimer's Disease, but also to have promise in slowing or altering the progress of the disease. This question is difficult to investigate clinically, among other reasons because of the ethical constraints on long-term double-blinded studies. However, an open-label long term extension study on galantamine reported extended benefits for galantamine and concluded that "[t]ogether with findings from other studies, these results strengthen the argument for early diagnosis and treatment and support the hypothesis that AChEI treatment slows AD progression." (Raskind, M.A., *et al.*, "The Cognitive Benefits of Galantamine Are Sustained for at Least 36 Months," *Arch. Neurol.* 61:252-56 (2004).) As far as I am aware, neither a neurochemical link between neuronal nicotinic receptor stimulation and amyloid formation nor a possible benefit in retarding AD progression for improving cholinergic neurotransmission was ever suspected back in 1986.

Date

July 27, 2006

Dr. Joseph T. Coyle



## EXHIBIT A

## CURRICULUM VITAE

**Name:** Joseph T. Coyle, M.D.  
**Address:** 115 Mill Street, Belmont, MA 02478  
**Place of Birth:** Chicago, Illinois  
**Marital Status:** Married, 1968; Genevieve Sansoucy Coyle  
Children: Peter Joseph, Andrew Jerome and David Sansoucy

### Education:

1965 A.B. in cursu honoris cum laude; College of the Holy Cross  
1969 M.D. The Johns Hopkins University School of Medicine

### Postdoctoral Training:

#### Internship and Residencies:

1969-1970 Intern in Pediatrics, The Johns Hopkins Hospital  
1973-1976 Resident in Psychiatry, The Johns Hopkins Hospital

#### Research Fellowships:

1970-1973 Research Associate, Laboratory of Clinical Science, National  
Institute of Mental Health (Dr. Julius Axelrod), Bethesda, Maryland  
2001 Neurobiology, Marine Biological Laboratory, Woods Hole, MA

### Licensure and Certification:

1970 Maryland License Registration D15842 (inactive)  
1970 Diplomate - National Board of Medical Examiners  
1980 Board Certified in Psychiatry by the American Board of Psychiatry and  
Neurology  
1991 Massachusetts License Registration 75163

### Academic Appointments:

1974-1976 Assistant Professor of Pharmacology, The Johns Hopkins University  
School of Medicine  
1976-1978 Assistant Professor of Pharmacology and Psychiatry, The Johns Hopkins  
University School of Medicine  
1978-1980 Associate Professor of Pharmacology and Psychiatry, The Johns Hopkins  
University School of Medicine  
1980-1991 Professor of Neuroscience, Psychiatry and Pharmacology, The Johns  
Hopkins University School of Medicine  
1982-1991 Director: Division of Child Psychiatry, Professor of Psychiatry,  
Neuroscience, Pharmacology and Pediatrics, The Johns Hopkins  
University School of Medicine  
1985-1991 Distinguished Service Professor of Child Psychiatry, The Johns Hopkins

**Academic Appointments continued:**

1991-2001 University School of Medicine  
Chair of the Consolidated Department of Psychiatry, Harvard Medical School  
1991- Eben S. Draper Professor of Psychiatry and of Neuroscience, Harvard Medical School

**Endowed Lectureships and Major Visiting Appointments:**

1981 Smith, Kline and French Visiting Professor, Flinders University and University of New South Wales, Australia  
1983 Harold C. Voris Memorial Lecturer in Neuroscience, Mercy Hospital, University of Illinois School of Medicine, Chicago  
1983 Grass Lecturer, University of Missouri School of Medicine  
1986 Dean's Lecture, The Johns Hopkins School of Medicine  
1987 Sterling Drug Visiting Professor, Department of Pharmacology, Medical College of Virginia  
1987 Pfizer Visiting Professor of Psychiatry, Columbia University College of Physicians and Surgeons  
1987 Tarbox Distinguished Neuroscientist Lecturer, Texas Tech University  
1987 Grass Lecturer, University of South Carolina School of Medicine  
1988 Nielson Lecture, University of Utah School of Medicine  
1989 Centennial Visiting Professor, Celebration of the Sciences Lecturer, Washington College  
1989 Dean's Distinguished Lecture, University of Colorado School of Medicine  
1989 Halbert Robinson Distinguished Lecturer, University of North Carolina School of Medicine  
1991 Axelrod Lecturer, City College of New York  
1991 Gerard Symposium, University of Michigan  
1992 Meyerowitz Lecturer, University of Rochester  
1993 Andrew Woods Visiting Professorship and Lecture, University of Iowa  
1993 Harvey Shein Lecture, American Association Psychiatric Residency Training Directors  
1993 John E. Whitmore Lecture, Baylor College of Medicine  
1993 The Wesco Lecture, University of Kansas School of Medicine  
1993 Thomas Salmon Lecture, New York Academy of Medicine  
1993 Jonathan Swift Psychiatric Lecture, St. Patrick's Hospital, Dublin, Ireland  
1993 The Taylor Lecture in Neurology and Psychiatry, University of Maryland School of Medicine  
1993 Pfizer Visiting Professor of Psychiatry, Allegheny General Hospital  
1994 Adolf Meyer Lecture, American Psychiatric Association  
1995 Guilda Lecture, Washington University School of Medicine  
1995 Harold E. Cooper Lectureship, University of Texas Medical School  
1995 Jonathan Cole Lectureship, St. Elizabeth's Hospital and Tufts University School of Medicine  
1996 Ribicoff Lecture, Yale University School of Medicine  
1996 Thomas L. O'Donohue Memorial Lecture in Neuropharmacology, Howard University College of Medicine  
1997 Pfizer Visiting Professor of Psychiatry, University of North Carolina School of Medicine

**Endowed Lectureships and Major Visiting Appointments continued:**

1998	Seventy-Seventh Annual Beaumont Lecture, Wayne County Medical Society
1999	Stephen R. Max Memorial Lecture, University of Maryland School of Medicine
1999	Deane Lecture, Wellesley College
1999	Leo Kanner Lecture in Child and Adolescent Psychiatry, Johns Hopkins University School of Medicine
1999	Pfizer Visiting Professor of Psychiatry, Jefferson Medical College of Thomas Jefferson University
1999	Margaret Roche Donlon Bidwell Memorial Lecture, Massachusetts Institute of Technology
2000	The Distinguished Lecture in Neuroscience, University of Texas Medical School at Houston
2001	Kwin Finnegan Memorial Lectureship, University of Utah School of Medicine
2002	Lucile Packard Distinguished Lecture, Stanford University Medical Center
2002	The Twenty-Third Annual Alberto DiMascio Memorial Lecture, Tufts University School of Medicine
2005	Janssen Visiting Professor of Psychiatry, University of Washington School of Medicine
2005	Frederick G. Corneel Memorial Lecture, McLean Hospital

**Awards and Honors:**

1968-1969	Henry Strong Denison Research Scholarship
1969	Alpha Omega Alpha Student Research Award
1972	Fellowship for Third Study Program for Neurosciences Research Program, Boulder, Colorado
1977	Basil O'Connor Award from the March of Dimes
1977-1987	National Institute of Mental Health Research Career Development Award, Type II
1978	A.E. Bennett Award in Basic Science from the Society of Biological Psychiatry
1979	John Jacob Abel Award from the American Society of Pharmacology and Experimental Therapeutics
1979	Sato International Memorial Award from the Japanese Pharmaceutical Society
1982	Daniel Efron Award from the American College of Neuropsychopharmacology
1985	Foundations' Fund Prize for Research in Psychiatry, American Psychiatric Association
1985-1991	Javits Neuroscience Investigator Award, National Institute of Neurological and Communicative Disorders and Stroke, National Institutes of Health
1986	Alpha Omega Alpha Honor Society
1990	Nancy and Daniel Weisman Award for Research on Mental Retardation
1990	Institute of Medicine of the National Academy of Sciences
1991	Edward A. Strecker Award from the Institute of Pennsylvania Hospital
1991	The Gold Medal Award from the Society of Biological Psychiatry
1991-92	President, Society of Neuroscience
1992	William R. McAlpin, Jr. Research Achievement Award from the National Mental Health Association

**Awards and Honors continued :**

1994	Fellow, American Academy of Arts and Sciences
1995	Hilton Investigator Award from the National Alliance for Research on Schizophrenia and Depression
1996	Kempf Fund Award for Research Development in Psychobiological Psychiatry, American Psychiatric Association
1997	Robert J. and Claire Pasarow Foundation Award for Neuropsychiatric Research
1997	Exemplary Psychiatrist Award, National Alliance for the Mentally Ill
2001-02	President, American College of Neuropsychopharmacology
2001-04	Council, American Association for the Advancement of Science
2001	Highly Cited Researchers Award, ISI Thomson Scientific
2001	Society for Neuroscience, Special Achievement Award
2003	Organizer and Chairman (with C. Robert Cloninger) "Integrating Programs with Genetics and Neuropharmacology of Schizophrenia," Cold Spring Harbor Laboratory
2004	Lieber Prize, National Alliance for Research on Schizophrenia and Depression
2004	Society for Neuroscience, Award for "Lifelong Dedication to Excellence and Diversity in Neuroscience"
2005	Elected Fellow, American Association for the Advancement of Science

**Major Committee Assignments:****National Institute of Mental Health:**

1977-1981	Preclinical Psychopharmacology Research Review Committee Member
1982	Scientific Councillor for the Intramural Program, ad hoc
1985-1989	Cellular Neurobiology and Psychopharmacology Research Review Committee, Chairman
1985-1988	Extra-mural Scientific Advisory Board
1990-1994	National Advisory Mental Health Council
1995	Search Committee for NIMH Director

**Institute of Medicine:**

1988	Committee on Research on Children and Adolescents with Mental, Behavioral and Developmental Disorders
1989	Committee on a National Neural Circuitry Database
1992	Committee on Prevention of Mental Disorders
1993-1995	Membership Committee
1991-2000	Board of Biobehavioral Sciences and Mental Disorders
1994-2000	Chair, Board of Biobehavioral Sciences and Mental Disorders

**The Johns Hopkins University School of Medicine:**

1979-1991	Graduate Education Steering Committee, Department of Pharmacology
1979-1982	Member: Medical School Council
1981-1982	Vice Chairperson: Medical School Council
1981-1982	Member: Advisory Board to the School of Medicine
1990-1991	Pharmacy and Therapeutics Committee
1981-1991	Medical Scientist Training Program Steering Committee
1978-1982	Director: Interdisciplinary Postdoctoral Training Program in Neurosciences, MH-15330
1983-1986	Johns Hopkins University Press, Editorial Board



2002-2005 Working Group on Interspecific Chimeric Primate Brains

**Major Committee Assignments continued:**

Harvard Medical School:

- 1991-1994 Subcommittee of Professors
- 1991-1993 Committee of Professors
- 1991-1996 Harvard Medical Center, Board of Trustees
- 1992-1996 Graduate Medical Education Committee
- 1994-1995 HMS Research Council
- 1994 LCME Self Study Committee on Objectives, Chairman
- 1996 Search Committee for Dean Harvard Medical School

**Memberships, Offices and Committee Assignments in Professional Societies:**

Society for Neuroscience (Member 1975):

- 1980-1983 Program Committee
- 1986 Chairman of Program Committee, Washington, D.C. Meeting
- 1986-1988 Council
- 1988-1989 Treasurer
- 1989-1990 Council
- 1990-1991 President Elect
- 1991-1992 President
- 1995-2003 Chairman, Governmental and Public Affairs Committee
- 1995-2005 Deputy Director, Minority Neuroscience Fellowship Program

1975- American Society for Neurochemistry

American Association for the Advancement of Science

- 2001-2004 Neuroscience Section: Council Delegate
- 2001-2004 Council Affairs Committee

American Psychiatric Association (Member 1976):

- 1990-2003 Fellow
- 2003- Distinguished Fellow
- 1986-1990 Scientific Advisory Panel
- 2000- Institute for Research and Education Scientific Advisory Panel
- 1976- Sigma Xi

1978- American Society for Pharmacology and Experimental Therapeutics

Collegium Internationale Neuropsychopharmacologicum (Member 1978):

- 1997-1998 Nominating Committee
- 2001-2004 Program Committee

American College of Neuropsychopharmacology (Member 1979, Fellow 1997)

- 1989-1991 Finance Committee
- 1991 Awards Committee
- 1991- Journal Editorial Board- Neuropsychopharmacology
- 1993 Outreach Task Force
- 1996-1998 Committee on Problems of Public Concern
- 1997-1999 Program Committee (Co-Chair)



1998-2001 Council  
2001-2002 President

**Memberships, Offices and Committee Assignments in Professional Societies continued:**

2002-2004 Council  
2004- Publication Committee (Co-Chair)

1980 National Foundation March of Dimes, Scientific Advisory Board, ad hoc  
1981-1985 National Huntington's Disease Association National Medical and Scientific  
Advisory Council  
1982-1986 Committee to Combat Huntington's Disease, Scientific Advisory Board  
1982- International Society for Developmental Psychobiology  
1982-1990 Hereditary Disease Foundation, Scientific Advisory Board

Alzheimer's Disease and Related Disorders Association  
1982-1985 Scientific Advisory Board  
1990-1992 Scientific Advisory Board

American Academy of Child and Adolescent Psychiatry (Member 1982):  
1989-1992 Work Group on Research

1985-1988 International Rett's Syndrome Association, Professional Advisory Board  
1988-1993; Pfizer Scholars Award, Advisory Board  
1990-2003 John F. Merck Foundation, Scientific Advisory Board  
1991- Massachusetts Hospital Association  
1991- Massachusetts Psychiatric Society  
1993-2001 Board of Trustees, McLean Hospital  
1994- National Alliance for Autism Research Scientific Advisory Board  
1995- Health Emotions Research Institute Scientific Advisory Board  
1995- American College of Psychiatrists (Fellow)  
1995- Dana Alliance for Brain Initiatives, Scientific Advisory Board  
1996-1998 Hitchings-Elion Fellowships/Wellcome Research Travel Grant Advisory  
Committee  
1996- International Academy for Biomedical and Drug Research  
1996- Board of Trustees, Judge Baker Children's Center  
2001- Marine Biological Laboratory Alumni Relations Advisory Board  
2002-2004 Research Advisory Committee on Gulf War Veterans' Illnesses

**Major Research Interest:**

Signal Transduction in the Nervous System

**Editorial Responsibilities:**

1993-2003 Harvard Review of Psychiatry: Editor-in-Chief  
2002- Archives of General Psychiatry: Editor-in-Chief

**Editorial Boards:**

1984- Journal of Developmental and Behavioral Pediatrics  
1984- Developmental Brain Research  
1984-1992 Neuropharmacology

1986-1992 European Journal of Pharmacology  
1988-1993 The Journal of Neuroscience

**Editorial Responsibilities Continued:**

1988- Molecular Psychiatry  
1988- Molecular and Chemical Neuropathology  
1988- Synapse  
1989- Archives of General Psychiatry  
1989-1999 Metabolic Brain Disease  
1990- Journal of Neuroscience Research  
2000- Acta Paedopsychiatrica  
1991-2000 Journal of Child and Adolescent Psychopharmacology  
1991- Neuropsychopharmacology  
1992-1998 Advances in Pharmacology  
1992-1998 Oxford University Press Psychiatry Series  
1992- Neurobiology of Disease  
1993- Cerebral Cortex  
1993-2000 Current Opinion in Psychiatry  
1994- Neuroscience  
1994- Journal of Psychiatric Research  
1995-2001 American Psychiatric Press, Inc.  
1996- Acta Paedopsychiatrica, International Journal of  
Child and Adolescent Psychiatry  
1996-2002 Journal Watch for Psychiatry  
1997-2001 American Journal of Psychiatry  
1999- Journal of Molecular Neuroscience  
2002- Journal of the American Medical Association

**Advisory Boards:**

1978-1981 Developmental Neurosciences  
1979- Life Sciences  
1983- Neurobehavioral Toxicology  
1984-1993 Neurobiology of Aging  
1991- CRC Critical Reviews in Neurobiology  
1992-1996 Cambridge Series in Psychopharmacology  
1995- Current Protocols in Pharmacology  
1999- The Autism Brain Library Trust

# **Doctoral Students and Titles of Theses:**

- Kathleen Bizière, M.D., Ph.D. (1978) "Etude d'un modèle animal de la Chorée de Huntington"
- Michael McKinney, Ph.D. (1982) "Cholinergic Innervation of the Mammalian Cerebral Cortex and Hippocampus by the Basal Forebrain: Implications for Senile Dementia of the Alzheimer Type"
- Alfred Malouf, Ph.D. (1983) "The Regulation of [3H]Glutamic Acid Binding Sites on N18-RE-105 Neuroblastoma Hybrid Cells in Culture"
- Kerry Koller, Ph.D. (1984) "The Purification and Pharmacologic Characterization of N-Acetyl-Aspartyl-Glutamate, a Possible Excitatory Neurotransmitter"
- Robert Zaczek, Ph.D. (1986) "Characterization of a Novel Brain Specific Chloride Dependent Glutamic Acid Transport"
- Randy D. Blakely, Ph.D. (1987) "N-Acetyl-Aspartyl-Glutamate: The Elucidation of Specific Catabolic and Anatomic Pathways in the Rat CNS"
- Timothy H. Murphy, Ph.D. (1989) "Glutamate Toxicity in a Neuronal Cell Line Involves Inhibition of Cystine Uptake Leading to Oxidative Stress"
- Mario D. Saltarelli, M.D., Ph.D. (1989) "Studies on the Regulation of High-Affinity Choline Uptake"
- Joanne E. Sweeney, Ph.D. (1989) "Developmental, Neurochemical and Functional Properties of the Cholinergic Basal Forebrain Complex in Mice"
- Barbara Stauch Slusher, Ph.D. (1991) "Purification, Antibody Production, and Immunocytochemical Localization of Rat Brain N-Acetylated  $\alpha$ -Linked Acidic Dipeptidase (NAALADase)"
- Guochuan Tsai, M.D., Ph.D. (1991) "Anatomy, Physiology and Pathophysiology of N-Acetylaspartylglutamate"
- Carter, Ruth, Ph.D. (1997) "Cloning and Expression of the Naladase Neuropeptidase"
- Passani, Lucius, Ph.D. (1997) "Distribution of N-acetylaspartylglutamate and N-acetylated Alpha Linked Acidic Dipeptidase in Human Brain and the Effects of Disease Related and Induced Neuronal Degeneration"
- Schwartz, Paul J., Ph.D. (1998) "Effect of Altered Expression of the Cytoplasmic Copper-Zinc Superoxide Dismutase on Oxidative Stress Mediated Phenomena: Implications for Down's Syndrome and Glutamate Neurotoxicity"

# **Post-doctoral Fellows and Current Positions:**

- Robert Schwarcz, Ph.D., 1976-78, Professor of Psychiatry and Pharmacology, University of Maryland School of Medicine
- Edythe London, Ph.D., 1978-80, Professor of Psychiatry, UCLA
- John Slevin, M.D., 1979-81, Professor of Neurology, University of Kentucky
- Michele Beaulieu, Ph.D., 1980-82, Hoffman-LaRoche
- Michael Johnston, M.D., 1980-82, Professor of Neurology, Johns Hopkins
- Larry Tune, M.D., 1980-82, Professor of Psychiatry, Emory University
- Peter Campochiaro, M.D., 1982-83, Professor of Ophthalmology, Johns Hopkins
- Paul Sanberg, Ph.D., 1982-84, Professor of Neurosurgery, University of Florida Medical School
- John Lehmann, Ph.D., 1983-85, Associate Professor of Neuroscience, Hahnemann Medical School
- Pedro Lowenstein, M.D., Ph.D., 1985-87, Professor of Neuroscience, University of California, Los Angeles
- Michael Robinson, Ph.D., 1986-89, Associate Professor of Pediatrics and Pharmacology, University of Pennsylvania School of Medicine
- Giancarlo Forloni, Ph.D., 1986-88, Mario Negri Institute, Milan
- Piero Antuono, M.D., 1985-87, Associate Professor of Neurology, Medical College of Wisconsin

**Post-doctoral Fellows and Current Positions Continued:**

Carla Bendotti, Ph.D., 1986-88, Mario Negri Institute, Milan  
Christine Hohmann, Ph.D., 1987-90, Professor of Biology, Morgan State University  
George Capone, M.D., 1988-90, Associate Professor of Pediatrics, Johns Hopkins  
Pamela Puttfarcken, Ph.D., 1989-92, Scientist, Abbott Laboratories  
Maria Caserta, M.D., Ph.D., 1989-91, Associate Professor of Psychiatry, Northwestern  
University School of Medicine  
Urs Berger, Ph.D., 1992-94, Instructor in Psychiatry, Harvard Medical School  
Guochuan Tsai, M.D., Ph.D., 1994-95, Assistant Professor of Psychiatry, Harvard Medical  
School  
Richard Bergeron, M.D., Ph.D., 1995-2000, Assistant Professor of Psychiatry, University of  
Ottawa School of Medicine  
Cecelia Flores, Ph.D., 2000-2002, Instructor, Montreal Neurological Institute  
Jonathan Pickar, M.D., Ph.D., 2003-, Instructor in Medicine, Harvard Medical School  
Alo Basu, Ph.D., 2005-, Research Fellow, Harvard Medical School  
Amy Lawson-Yuen, M.D., Ph.D., 2005- Fellow, Harvard Medical School

### Employment Resumé:

Dr. Coyle was appointed an Assistant Professor of Pharmacology while a Resident in Psychiatry at Johns Hopkins Medical School in 1974. Four years after completing his Residency in Psychiatry, he was promoted to the rank of Professor of Pharmacology and of Psychiatry in 1980.

In 1981, he was named Professor and Director of the Division of Child and Adolescent Psychiatry at Johns Hopkins. At the time, the Division consisted of four junior faculty members, had no external research support, trained one to two residents per year and provided care in outmoded facilities. During his nine years as Director, the Division developed 26 bed inpatient service for child and adolescent patients, increased the Residency Training Program to five positions per year, expanded to ten faculty members and attracted nearly \$2MM per year in grant and contract support. Several faculty then recruited to the Division now hold leadership positions at their institutions including the Directors of the Division of Child and Adolescent Psychiatry at Stanford (A. Reiss, M.D.), at George Washington (P. Joshi, M.D.) and at Jefferson (G. Edelson, M.D., M.P.H.) and the Director of the Mental Retardation Research Institute of the University of North Carolina (J. Piven, M.D.).

In 1991, he was recruited to Harvard Medical School to serve as the Chairman of five of its nine affiliated programs in Psychiatry. In three years, the remaining affiliated programs in Psychiatry joined the Consolidated Department of Psychiatry, making it the only academically unified major clinical department at Harvard Medical School. The Department contained over 1500 part-time and full-time faculty and has nearly 200 residents in adult and child psychiatry in training. He reorganized residency training, condensing six competing adult residency training programs into three thematically differentiated programs with a single application form. The six child psychiatry residencies were merged into three with a single core curriculum. The Medical Student curriculum, historically dependent on idiosyncrasies of the nine hospital departments, was reorganized with clear objectives so that all students could be subject to the same tests of their knowledge. He focused on the career development of women, resulting in substantial increases in women's representation at the assistant and associate professor levels and a four-fold increase in women professors. Between 1991 and 2001, the external funding for the components of the Consolidated Department of Psychiatry grew from less than \$20 MM to over \$65MM. Through outreach efforts with the Department of Mental Health of the State of Massachusetts, the Consolidated Department of Psychiatry received an annual grant of nearly \$3MM per year to support residency education in Psychiatry. In addition, the Department received \$2.2 MM per year from the State for a 12-bed inpatient unit to carry out clinical research on severe mental illness. He stepped down as Chairman in 2001 after ten years and holds the Eben S. Draper Chair of Psychiatry and Neuroscience.

Dr. Coyle's research in neuroscience has been continuously funded by NIH since 1975, and he currently serves as the Director of a \$7 MM NIMH Conte Center on the Neurobiology of Schizophrenia. He has also played a national leadership role in Neuroscience and Psychiatry. He served as Councilor, Treasurer and ultimately President (1991-92) of the Society for Neuroscience, an international scientific organization with over 30,000 members. He served on an NIMH Initial Review Group (IRG) for eight years, four of which he was the chairman. He also served on the National Advisory Council to NIMH (1990-94). Elected to the Institute of Medicine in 1990, he chaired the Board of Neuroscience and Behavioral Health (1994-2000). He was president of the American College of Neuropsychopharmacology (ACNP), a leading honorific society in Psychiatry, in 2002. He sits on the editorial advisory boards of over twenty journals including *JAMA* and is the editor-in-chief of the *Archives of General Psychiatry*. He was elected a fellow of the American Academy of Arts and Sciences and of the American Association for the Advancement of Science.

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### Text Books

1. S.J. Enna and J.T. Coyle, Eds. *Neuroleptics: Neurochemical, Behavioral and Clinical Perspectives*, Raven Press, New York, 1983.
2. J.T. Coyle, Ed. *Animal Models of Dementia: A Synaptic Neurochemical Perspective*, Alan R. Liss, Inc., New York, 1987.
3. R.S. Fisher and J.T. Coyle, Eds. *Neurotransmitters and Epilepsy: Frontiers of Clinical Neuroscience, Vol. II*, Wiley-Liss, Inc., New York, 1991.
4. K. Davis, H. Klar and J.T. Coyle, Eds. *Foundations of Psychiatry*, W.B. Saunders, Philadelphia, 1991.
5. D.L. Schacter (Ed.) J.T. Coyle, G.D. Fischbach, M-M Mesulam and L.E. Sullivan. (Co-Eds.) *Memory Distortion: How Minds, Brains, and Societies Reconstruct the Past*. Harvard University Press, Cambridge, 1995.
6. S.J. Enna and J.T. Coyle, Eds. *Pharmacological Management of Neurological and Psychiatric Disorders*, McGraw-Hill, New York, 1998.
7. K.L.Davis, D. Charney, J.T. Coyle and C. Nemeroff, Eds. *Neuropsychopharmacology: The Fifth Generation of Progress*. Lipincott, Williams and Wilkins, Philadelphia, 2002.

### Original Reports

1. S.H. Snyder and J.T. Coyle. Regional differences in [3H]-norepinephrine and [3H]-dopamine uptake into rat brain homogenates. *J. Pharmacol. Exp. Therap.* 165:78-86, 1969.
2. J.T. Coyle and S.H. Snyder. Catecholamine uptake by synaptosomes in homogenates of rat brain: stereospecificity in different areas. *J. Pharmacol. Exp. Therap.* 170:221-231, 1969.
3. J.T. Coyle and S.H. Snyder. Antiparkinsonian drugs: inhibition of dopamine uptake in the corpus striatum as a possible mechanism of action. *Science* 166:899-901, 1969.
4. S.H. Snyder, K.M. Taylor, J.T. Coyle and J.L. Meyerhoff. The role of brain dopamine in behavioral regulation and actions of psychotropic drugs. *Am. J. Psychiatry* 127:117-125, 1970.
6. A.S. Horn, J.T. Coyle and S.H. Snyder. Catecholamine uptake by synaptosomes from Rat brain; structural activity relationships of drugs with differential effects on dopamine and norepinephrine neurons. *Mol. Pharmacol.* 7:66-80, 1971.
6. J.T. Coyle and J. Axelrod. Development of uptake and storage of L-[3H]-norepinephrine in the rat brain. *J. Neurochem.* 18:2061-2075, 1971.



7. J.T. Coyle and J. Axelrod. Dopamine-beta-hydroxylase in rat brain: developmental characteristics. *J. Neurochem.* 19:449-459, 1972.
8. J.T. Coyle. Tyrosine hydroxylase in rat brain: cofactor requirements, regional and subcellular distribution. *Biochem. Pharmacol.* 21:1935-1944, 1972.
9. J.T. Coyle and J. Axelrod. Tyrosine hydroxylase in rat brain: developmental characteristics. *J. Neurochem.* 19:1117-1123, 1972.
10. F. Lamprecht and J.T. Coyle. Dopa decarboxylase in developing rat brain. *Brain Res.* 1:503-506, 1972.
11. J.T. Coyle and G.F. Wooten. Rapid axonal transport of tyrosine hydroxylase and dopamine-beta-hydroxylase. *Brain Res.* 44:701-704, 1972.
12. J.M. Saavedra, J.T. Coyle and J. Axelrod. The distribution and properties of the nonspecific N-methyl-transferase in brain. *J. Neurochem.* 20:743-752, 1973.
13. G.F. Wooten and J.T. Coyle. Axonal transport of catecholamine synthesizing and metabolizing enzymes. *J. Neurochem.* 20:1361-1371, 1973.
14. J.T. Coyle and D. Henry. Catecholamines in fetal and newborn rat brain. *J. Neurochem.* 21:61-67, 1973.
15. J.T. Coyle, D. Jacobowitz, D. Klein and J. Axelrod. Dopaminergic neurons in explants of substantia nigra in culture. *J. Neurobiol.* 4:461-470, 1973.
16. J.T. Coyle, P. Wender and A. Lipsky. Avoidance conditioning in different strains of rats: neurochemical correlates. *Psychopharmacologia (Berl.)* 31:25-34, 1973.
17. J.T. Coyle and M.J. Kuhar. Subcellular localization of dopamine-beta-hydroxylase and endogenous norepinephrine in rat hypothalamus. *Brain Res.* 65:475-487, 1974.
18. J.T. Coyle, G.F. Wooten and J. Axelrod. Evidence for extra noradrenergic dopamine-beta-hydroxylase activity in rat salivary gland. *J. Neurochem.* 22:923-930, 1974.
19. J.M. Saavedra, J.T. Coyle and J. Axelrod. Developmental characteristics of phenylethanolamine and octopamine in the rat brain. *J. Neurochem.* 23:511-515, 1974.
20. R.W. Holz and J.T. Coyle. The effects of various salts, temperature and the alkaloids veratridine and batrachotoxin on the uptake of [3H]-dopamine into synaptosomes from rat striatum. *Mol. Pharmacol.* 10:746-758, 1974.
21. J.T. Coyle and S.J. Enna. Neurochemical aspects of the ontogenesis of GABAergic neurons in the rat brain. *Brain Res.* 111:119-133, 1976.
22. J.T. Coyle and P. Campochiaro. Ontogenesis of dopaminergic-cholinergic interactions in the rat striatum: A neurochemical study. *J. Neurochem.* 27:673-678, 1976.
23. J.T. Coyle and C.B. Pert. Ontogenetic development of [3H]Naloxone binding in rat brain. *Neuropharmacology* 15:555-560, 1976.
24. R. Schwarcz and J.T. Coyle. Adenylate cyclase activity in chick retina. *Gen. Pharmacol.*

7:349-354, 1976.

25. J.T. Coyle and H.I. Yamamura. Neurochemical aspects of the ontogenesis of cholinergic neurons in the rat brain. *Brain Res.* 118:429-440, 1976.
26. R. Grzanna and J.T. Coyle. Rat adrenal dopamine-beta-hydroxylase: purification and immunologic characteristics. *J. Neurochem.* 27:1091-1096, 1976.
27. J.T. Coyle and R. Schwarcz. Lesion of striatal neurones with kainic acid provides a model for Huntington's chorea. *Nature* 263:244-246, 1976.
28. R. Schwarcz and J.T. Coyle. Striatal lesions with kainic acid: neurochemical characteristics. *Brain Res.* 127:235-249, 1977.
29. J.T. Coyle and M.E. Molliver. Major innervation of newborn rat cortex by monoaminergic neurons. *Science* 196:444-447, 1977.
30. R. Schwarcz, J.P. Bennett and J.T. Coyle. Loss of striatal serotonin synaptic receptor binding induced by kainic acid lesion: correlations with Huntington's Disease. *J. Neurochem.* 28:867-869, 1977.
31. R. Schwarcz and J.T. Coyle. Kainic acid: Neurotoxic effects after intraocular injection. *Invest. Ophthalmol.* 16:141-149, 1977.
32. R. Grzanna, J. Morrison, J.T. Coyle and M.E. Molliver. Major improvements in the immunohistochemical demonstrations of noradrenergic neurons in the rat brain. *Neurosci. Lett.* 4:127-134, 1977.
33. R. Schwarcz and J.T. Coyle. Neurochemical sequelae of kainate injections in corpus striatum and substantia nigra of the rat. *Life Sci.* 20:431-436, 1977.
34. J.T. Coyle, R. Schwarcz, J.P. Bennett and P. Campochiaro. Clinical, neuropathologic and pharmacologic aspects of Huntington's Disease: Correlates with a new animal model. *Prog. Neuropsychopharmacology* 1:13-30, 1977.
35. R. Grzanna and J.T. Coyle. Immunochemical studies on the turnover of rat serum dopamine beta-hydroxylase. *Mol. Pharmacol.* 13:956-964, 1977.
36. P. Campochiaro, R. Schwarcz and J.T. Coyle. GABA receptor binding in rat striatum: Localization and effects of denervation. *Brain Res.* 136:501-511, 1977.
37. R. Schwarcz, J.P. Bennett, and J.T. Coyle. Inhibitors of GABA metabolism: implications for Huntington's disease. *Ann. Neurol.* 2:299-303, 1977.
38. F. Garcin and J.T. Coyle. Effects of perinatal 6-hydroxydopamine treatment on opiate receptor distribution in adult brain. *Psychopharmacol. Comm.* 1:283-290, 1977.
39. R.M. Herndon and J.T. Coyle. Selective destruction of neurons by a transmitter agonist. *Science* 198:71-72, 1977.
40. R. Schwarcz, D. Scholz and J.T. Coyle. Structure-activity relations for the neurotoxicity of kainic acid derivatives and glutamate analogues. *Neuropharmacology.* 17:145-151, 1978.



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44. R. Grzanna and J.T. Coyle. Dopamine-beta-hydroxylase in rat submandibular ganglion cells which lack norepinephrine. *Brain Res.* 151: 206-214, 1978.
45. P. Campochiaro and J.T. Coyle. Ontogenetic development of kainate neurotoxicity: correlates with glutamatergic innervation. *Proc. Natl. Acad. Sci. USA* 75:2025-2029, 1978.
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54. J.T. Coyle. An animal model for Huntington's disease. *J. Biol. Psychiatry* 14:251-276, 1978.
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## EXHIBIT B



**REVISED EXHIBIT B FOR OPENING EXPERT REPORT OF DR. JOSEPH T. COYLE**

Documents

1. '318 Patent [JAN RAZ-00000001 - JAN RAZ-00000003]
2. Prosecution History of the '318 Patent as presented by the PTO [JAN RAZ-00000004 - JAN RAZ-0000256]
3. Paragraph IV Notice Filed by Alphapharm [JAN RAZ-0001032 - JAN RAZ-0001060]
4. Paragraph IV Notice Filed by Barr [JAN RAZ-0001061 - JAN RAZ-0001080]
5. Paragraph IV Notice Filed by Dr. Reddy's [JAN RAZ-0001002 - JAN RAZ-0001031]
6. Paragraph IV Notice Filed by Mylan [JAN RAZ-0000955 - JAN RAZ-0000976]
7. Paragraph IV Notice Filed by Par [JAN RAZ-0001081 - JAN RAZ 0001106]
8. Paragraph IV Notice Filed by Purepac [JAN RAZ-0000977 - JAN RAZ-0001001]
9. Paragraph IV Notice Filed by Teva [JAN RAZ-0000937 - JAN RAZ-0000954]
10. Johnson & Johnson Pharmaceutical Research & Development Medical Report, *Justification for Claim that Galantamine Functions as an Allosteric Potentiating Ligand (APL) on Nicotinic Receptors* [JAN RAZ 0188028- JAN RAZ188042]

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